

**A. Type of Facility Reviewed**

ICE Service Processing Center  
 ICE Contract Detention Facility  
 ICE Intergovernmental Service Agreement

**B. Current Inspection**

Type of Inspection  
 Field Office  HQ Inspection  
 Date[s] of Facility Review  
**06/12/2018- 06/14/2018**

**C. Previous/Most Recent Facility Review**

Date[s] of Last Facility Review  
**06/20/2017- 06/22/2017**  
 Previous Rating  
 Superior  Good  Acceptable  Deficient  At-Risk

**D. Name and Location of Facility**

Name  
**Plymouth County Correctional Facility**  
 Address (Street and Name)  
**26 Long Pond Road**  
 City, State and Zip Code  
**Plymouth, MA 02360**  
 County  
**Plymouth**  
 Name and Title of Chief Executive Officer (Warden/OIC/Supt.)  
 [Redacted]  
 Telephone # (Include Area Code)  
 [Redacted]  
 Field Office / Sub-Office (List Office with oversight responsibilities)  
**Boston**  
 Distance from Field Office  
**45 Miles**

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)  
 [Redacted] / LCI/Detainee Rights SME / Nakamoto Group  
 Name of Team Member / Title / Duty Location  
 [Redacted] / Medical SME / Nakamoto Group  
 Name of Team Member / Title / Duty Location  
 [Redacted] / Safety SME / Nakamoto Group  
 Name of Team Member / Title / Duty Location  
 [Redacted] / Security SME / Nakamoto Group  
 Name of Team Member / Title / Duty Location  
 [Redacted] / Medical SME / Nakamoto Group

**F. CDF/IGSA Information Only**

Contract Number [Redacted] Date of Contract or IGSA [Redacted]  
 Basic Rates per Man-Day [Redacted]  
 Other Charges: (If None, Indicate N/A)

Estimated Man-days Per Year:  
 [Redacted]

**G. Accreditation Certificates**

List all State or National Accreditation[s] received:  
**ACA August 2017**  
 Check box if facility has no accreditation[s]

**H. Problems / Complaints (Copies must be attached)**

The Facility is under Court Order or Class Action Finding  
 Court Order  Class Action Order  
 The Facility has Significant Litigation Pending  
 Major Litigation  Life/Safety Issues  
 Check if None.

**I. Facility History**

Date Built [Redacted]  
 Date Last Remodeled or Upgraded [Redacted]  
 Date New Construction / Bed space Added [Redacted]  
 Future Construction Planned  
 [Redacted]  [Redacted] Date:  
 Current Bed space [Redacted] Future Bed space (# New Beds only)  
 Number: [Redacted] Date: [Redacted]

**J. Total Facility Population**

Total Facility Intake for previous 12 months [Redacted]  
 Total ICE Man-days for Previous 12 months [Redacted]

**K. Classification Level (ICE SPCs and CDFs Only)**

	L-1	L-2	L-3
[Redacted]	[Redacted]	[Redacted]	[Redacted]

**L. Facility Capacity**

	Rated	Operational	Emergency
[Redacted]	[Redacted]	[Redacted]	[Redacted]

**M. Average Daily Population**

	ICE	USMS	Other
[Redacted]	[Redacted]	[Redacted]	[Redacted]

**N. Facility Staffing Level**

Security: [Redacted] Support: [Redacted]

**Significant Incident Summary Worksheet**

For Nakamoto to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE detainees at your facility.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	0	1p	4p	7p
	With Weapon	0	0	0	0
	Without Weapon	0	1	4	7
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	0	1
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	1
Number of Times Special Reaction Team Deployed/Used		0	0	0	1
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	1
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	C
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	26	10	6	34
	# Resolved in favor of Offender/Detainee	8	1	3	7
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	12	6	4	11
	# Psychiatric Cases referred for Outside Care	0	0	1	0

<sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

<sup>2</sup> Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

<sup>3</sup> Routine transportation of detainees/offenders is not considered "forced"

<sup>4</sup> Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large-scale incidents.

DHS/ICE Detention Standards Review Summary Report				
1. Acceptable	2. Deficient	3. At Risk	4. Repeat Finding	5. Not Applicable
<b>Legal Access Standards</b>				
1. Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Detainee Services</b>				
5. Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Non-Medical Emergency Escorted Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Voluntary Work Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Health Services</b>				
18. Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Terminal Illness, Advanced Directives and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Security and Control</b>				
22. Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Transportation (Land management)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Staff / Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.



**LCI Review Assurance Statement**

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Lead Compliance Inspector: (Print Name) [REDACTED]	Signature [REDACTED]
Title & Duty Location Lead Compliance Inspector, The Nakamoto Group, Inc.	Date 06/14/2018

Team Members	
Print Name, Title, & Duty Location [REDACTED], Safety SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location [REDACTED], Security SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.

- Recommended Rating:**
- Superior
  - Good
  - Acceptable
  - Deficient
  - At-Risk

Comments: The Sexual Abuse and Assault Prevention and Intervention Standard was inspected during this inspection but is not referenced in the Standards Review Summary Report. The Standard was rated as Meets Standard for this inspection.

There were two SAAPI allegations involving ICE detainees during the inspection period, one of which involved staff. Both allegations were unfounded. The reports were investigated and protocols were followed according to the Standard.

There were no escapes, deaths or serious suicide attempts during the inspection period. The facility has a canine unit which patrols the perimeter of the facility and may be used for contraband detection but never in the presence of ICE detainees. Chemical agents are authorized for use by supervisors. Tasers are not used.

There was one planned and four immediate physical responses to resistance involving ICE detainees during this inspection period. The planned incident was due to a detainee refusing to exit his cell. The detainee was extracted from his cell and placed in the restraint chair. The immediate reactions all involved refusal to follow orders. In all incidents the force was necessary, reasonable, and only applied for the duration required. Medical staff was deployed as required and there were no injuries sustained by detainees or staff. All incidents were administratively reviewed.

The statistics provided on the Significant Incident Summary Worksheet represent ICE detainees only.

